



INDIANA DEPARTMENT OF TRANSPORTATION

Driving Indiana's Economic Growth

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Indianapolis, Indiana 46204-2216 (317) 233-6511 FAX: (317) 233-0891

Mitchell E. Daniels, Jr., Governor
Karl B. Browning, Commissioner

External Complaint of Discrimination

Complainant Information:

Name:	Telephone Number:	
	W ()	H ()
Address:		
City:	State:	Zip Code:

Name, title and address of person you believe discriminated against you:

Name:	Telephone Number:	
	W ()	H ()
Title:		
Address:		
City:	State:	Zip Code:

When was the last alleged discriminatory act? (MM/DD/YEAR) _____

The alleged discrimination was based on:

☐ Race ☐ Color ☐ Age ☐ Gender
☐ National Origin ☐ Disability ☐ Ancestry ☐ Religious Affiliation

The issue(s) involved was:

Describe the alleged act(s) of discrimination. (Use additional pages if necessary)

What corrective action do you want taken on your behalf? _____

Have you filed a complaint alleging the same discrimination with another state or federal agency?

☐ Yes ☐ No

If yes, with what agency? _____

Signature _____

Date _____